



2024/2025

**Skate Odyssey Afterschool Care
Enrollment Application**

Ph. 662-893-2187

7417 Hacks Cross Rd, Olive Branch, MS 38654

Father _____
Address: _____
City: _____ State: _____ Zip: _____
Employment: _____
Day Ph. () - _____
Cell Ph. () - _____
Email: _____

Mother _____
Address: _____
City: _____ State: _____ Zip: _____
Employment: _____
Day Ph. () - _____
Cell Ph. () - _____
Email: _____

Child's name: _____ Age: _____ Birth Day: _____ MS 121 Form: _____
Child's name: _____ Age: _____ Birth Day: _____ MS 121 Form: _____
Child's name: _____ Age: _____ Birth Day: _____ MS 121 Form: _____
Child's name: _____ Age: _____ Birth Day: _____ MS 121 Form: _____

Parent's are Married/Together _____ ; Separated _____ ; Divorced _____

If parents are separated or divorced, do parents share full custody? Yes _____ ; No _____
_____ has full custody.

Do you have court documents supporting this custody arrangement ? Yes ___ ; No ___

Current copy of record on file. ___ Does your child have health Insurance? Yes ___ No ___

Health Insurance Provider: _____

Policy Number/Group: _____

Please provide a copy of insurance card with this application

Aftercare includes care 2:00-6:00 pm

*\$60 per week, per child. Snacks are served daily

Holiday Care includes care from 7:30am- 5:30pm

Breakfast, Snack, Lunch and, Afternoon Snack served daily

- Holiday full day up charge \$30 a day. (School is in session.) (Example 1 full day): \$60 + \$30 for full day up charge = \$90 for that week
- Holiday Camp FULL week care \$35 a day for 1-2 days, \$90 for 3 days and \$150 for 4-5 days
- Non-Enrolled Holiday FULL week care \$40 a day for 2-3 days or \$160 4-5 days (Thanksgiving, Christmas, Spring Break)

Additional Fees

Registration fee- \$50 for one child or \$75 Family Rate (NON-REFUNDABLE)

Skate Odyssey Afterschool/Summer Camp agree that:

1. In return for the sum that the parent agrees to pay, the school will give care to the above named child the times agreed upon by the parent/guardian. The center is open from 2:00-6pm Monday thru Friday (7:30am-5:30pm during summer & school holidays).
2. We will be closed on the following holidays:
Labor Day, Thanksgiving Day and the Friday after, Christmas Eve and Day and Day after Christmas, New Years Eve and Day and day after, Good Friday, Memorial Day, and Independence Day and day after.
Note: Other days may be scheduled by administration. Prior notice will be given.
3. The center will exercise reasonable care and judgment in all matters related to the welfare and safety of the child. In case of an accident or illness to the child, the counselor will promptly take such reasonable measures as are, in his or her judgment, in the best interest of the child and will notify the parent as soon as possible.
4. Any individual picking up children from the facility must be on an approved pickup list and show a photo I.D. when signing children out at time of pickup. No individual will be allowed to pick up your child if they are NOT on the approved pickup list and they do not have proper identification.
5. The center will provide snacks, and a variety of other play and learning activities and light homework.

THE PARENT AGREES THAT: (Initial by each statement)

___ 1. The parent will pay in advance for care the sum of \$60 as indicated above. Responsibility for payment on time is that of the parent/guardian who signs the agreement form. All checks returned are subject to a \$30.00 service fee.

___ 2. The parent will give two weeks notice when the child is to be withdrawn from our program **DURING WHICH PAYMENT FOR SERVICES IS REQUIRED.**

___ 3. The parent will not violate the hours of care agreed upon. In an emergency, a parent may call the center for a child to remain past closing time. A late fee will be assessed of \$1 per minute after five minutes to be paid at the time of pick up.

___ 4. In all emergencies, the center has permission to take such reasonable measures as are, in the judgment of the staff, necessary to the welfare and safety of the child.

___ 5. The center reserves the privilege of dismissing any child if, after entering, he seems unable to participate in group experiences or is a threat to him/herself, staff, or another student.

___ 6. Liability for acts of the child while under the care of the center is the parent's responsibility.

___ 7. Parents understand that primary accident or hospitalization insurance on the students and the obtaining of such insurance protection, if desired, is the responsibility of the parent.

___ 8. If a child has a fever or vomiting, the parent will be contacted and asked to come for the child.

___ 9. Allergy warning - We serve peanut products, milk, soy, eggs, wheat, chocolate, fish and other tree nuts. If your child has a significant allergy to any of these products, we CANNOT guarantee that your child will not be exposed to these substances in our facility.

___ 10. A calendar of activities is available with information about field trip departure and return times. If your child arrives after the field trip has departed, we are unable to return for your child and cannot guarantee someone will be available to watch your child

Skate Odyssey Afterschool, Inc. and parents understand and agree that:

1. This agreement is a contract binding for both center and parent.
2. The contract may be terminated by either the parent or the center upon notification of intention at least two weeks in advance, or at anytime by mutual agreement of both parties. Significant behavior infraction may result in immediate dismissal.

(Signature of Parent/ Guardian)

(Date)

Skate Odyssey Afterschool Liability Waiver:

IN RECOGNITION OF THE POSSIBLE DANGER CONNECTED WITH ANY PHYSICAL ACTIVITY AND IN THIS CASE SKATING AND PLAYING IN THE BUILDING OR ON THE PLAYGROUND. I HEREBY KNOWINGLY AND VOLUNTARILY WAIVE ANY RIGHT OF CAUSE OF ANY ACTION OF ANY KIND WHATSOEVER ARISING AS THE RESULT OF SUCH ACTIVITY FROM WHICH ANY LIABILITY MAY OR COULD ACCRUE TO SKATE ODYSSEY AFTERSCHOOL, INC., OFFICERS, AGENTS, EMPLOYEES OR INSTRUCTORS.

(Signature of Parent/ Guardian)

(Date)

Skate Odyssey Afterschool Permission form for School transportation and Field Trips:

Child's name: _____ Age: ____ Birth Day: _____ School: _____
Child's name: _____ Age: ____ Birth Day: _____ School: _____
Child's name: _____ Age: ____ Birth Day: _____ School: _____
Child's name: _____ Age: ____ Birth Day: _____ School: _____

I give permission for Skate Odyssey. Afterschool to transport my child to and from school. I give permission for my child/children to go on all field trips. I understand that this may include swimming and program related field trips and all regulations apply. Transportation will be by Afterschool bus or van. The chaperones will be Afterschool counselors and staff and carry full responsibility as such. I understand that I will be informed of times and places for the field trips. Parents are welcome to help with field trips. In the event of an emergency, Skate Odyssey Afterschool personnel may arrange alternate transportation.

Parent/ Guardian _____ Date _____
Phone number/ cell _____
Address _____
Emergency Backup Person and Phone Number _____

Photo Agreement/Cell Phone Policy:

May we take your child's photo? YES _____ NO _____

May, your child's picture or image be used for Skate Odyssey Afterschool publicity, promotion, or media purposes? (Facebook, newspaper, etc.) YES _____ NO _____

Children may not take photos/videos of other children or post child related items on any type of shared media. In order to avoid miscommunication and unnecessary problems, **any communication between the parent and children while at childcare needs to be through the facility number.** Please call staff about questions or concerns. Children may not access the

internet for any reason while at our facility. We may confiscate items to return to parents or revoke usage privileges for any reason.

Under no circumstances is your child allowed to take photos or video other children in the Skate Odyssey After-School Program. Violation of this policy will result in an immediate suspension or expulsion from the program.

(Signature of Parent/ Guardian)

(Date)

Student Release from Skate Odyssey Afterschool Care

My child may be released to these designated persons: (Photo ID must be presented)

Please list the names of all persons who may, at one time or another, be allowed to pick up your children from after-school. If anyone arrives to pick up your children and their name is not on this list or they do not have identification, your child WILL NOT be released to them!

Name	Relationship	Phone Number
------	--------------	--------------

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I do understand that my child will not be released to any person whose name is not on this list and who is unable to present proper identification.

(Signature of Parent/ Guardian)

(Date)

Disabilities/Special Requirements/Medications:

Emergency Contacts:

1. _____ PHONE _____

2. _____ PHONE _____

My Child is allergic to the following:

Penicillin	Yes	No	Comments _____
Aspirin	Yes	No	Comments _____
Tylenol	Yes	No	Comments _____
Foods	Yes	No	Comments _____
Other	Yes	No	Comments _____

Under care of a physician? Yes No Physician's Name _____

Dentist _____ Hospital Preference _____

May non- aspirin be dispensed to your child? ___ Yes ___ No

Permission for Emergency Treatment

This certifies that permission is given for Skate Odyssey of Olive Branch Afterschool/Summer Camp to seek emergency medical treatment for the above-named child in the event a parent or emergency friend cannot be contacted immediately.

Signature of parent/guardian _____ Date _____

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IN RECOGNITION OF THE POSSIBLE DANGER CONNECTED WITH ANY PHYSICAL ACTIVITY AND IN THIS CASE SKATING AND PLAYING IN THE BUILDING OR ON THE PLAYGROUND. I HEREBY KNOWINGLY AND VOLUNTARILY WAIVE ANY RIGHT OF CAUSE OF ANY ACTION OF ANY KIND WHATSOEVER ARISING AS THE RESULT OF SUCH ACTIVITY FROM WHICH ANY LIABILITY MAY OR COULD ACCRUE TO SKATE ODYSSEY AFTERSCHOOL, INC., OFFICERS, AGENTS, EMPLOYEES OR INSTRUCTORS.

SIGNATURE _____ DATE _____